

Utah Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741

CONSULTATION AND REFERRAL PLAN

Do not return this form to DOPL. It must be kept on file at the practice site if prescribing Schedule II - III Controlled Substances.

Name of Nurse: _____

Specialty: _____

CNM License Number: _____

Controlled Substance License Number: _____

Federal DEA Number: _____

Address of Practice Site: _____

Practice Site Phone Number: _____

Age and Type of Clientele: _____

Name of Consulting Physician: _____

Specialty: _____

Office Address: _____

Office City, State, ZIP: _____

Office Phone Number: _____

Physician/Surgeon License Number: _____ State: _____

Controlled Substance License Number: _____ State: _____

Federal DEA Number: _____

(Continued on the next page.)

Describe the process of consultation including how it will be documented. Use additional sheets if necessary.

How will referrals be made?

Signature of Nurse: _____

Date: ___ / ___ / ___ Print Name: _____

Signature of Consulting Physician: _____

Date: ___ / ___ / ___ Print Name: _____